



1. Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (<input type="checkbox"/> corporate election) <input type="checkbox"/> Other (Specify):				
2. Business name, DBA and mailing address for UI quarterly reports: Telephone # () Fax # () Email address:			3a. Federal Employer ID Number (FEIN):	
			3b. Utah Unemployment Registration Number (if any):	
			4. County in Utah where principal activity is located:	5. Number of Utah permanent work sites:
6. Mailing address & phone for Wage and Separation Requests (if different from item 2): Telephone # ()		7. Street address & phone of principal work site in Utah (if different from item 2): Telephone # ()		8. Mailing address & phone of Business Headquarters (if different from item 2): Telephone # ()
9. List owners or corporate officers (e.g. sole proprietor, general partners, corporate officers or LLC members):				
Name	SSN	Title	Home Address	Home Phone
10. Describe in detail your principal business product and/or service of your Utah operation (see instructions):				
11a. Date of first Utah wages paid to employees including corporate officers (see instructions):		11b. Enter Amount of first Utah wages paid:		12. If Utah wages have not yet been paid, give estimated date you expect to pay Utah wages:
Complete this section if your business falls into one of the categories below, otherwise select N/A: <input type="checkbox"/> N/A				
13. a. Construction Employer: _____ Business has operated only in the State of Utah or _____ Business has operated in another state prior to operating in the State of Utah. Name of prior state:_____				
b. Domestic Employer: _____ Employer has paid or will pay \$1,000 or more in wages in a calendar quarter for domestic service. _____ Request to file UI contribution reports and payment annually on January 31st instead of filing quarterly.				
c. Agricultural Employer: _____ Business has paid or will pay \$20,000 or more in wages in a calendar quarter or _____ Business has or will have 10 or more employees working in at least 20 different weeks during the calendar year				
d. Leasing company: _____ Business is a Professional Employer Organization (PEO). _____ Utah PEO (Professional Employer Organization) registration # _____				
Did or will your business obtain in full or part, through an acquisition, merger or transfer, the assets, the trade or business, or workforce of another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete Sections 14 and 15.				
14a. Date of acquisition, merger or transfer _____				
14b. Check the types of changes: _____ Change of entity (e.g. proprietorship to corporation) _____ Merger _____ Reorganization _____ Sale of business to new business _____ Lease of business to new business _____ Repossession _____ Purchase assets of business _____ Transfer of workforce (employees) _____ Transfer of trade or business _____ Purchase assets of business from the bankruptcy court _____ Other (explain): _____				

14c. What portion of the previous owner's assets, trade or business, or workforce was or will be obtained?

_____ % of assets

_____ % of trade or business

_____ % of workforce

14d. Previous owner:

Business name: _____

Address: _____

Utah Unemployment Registration #: _____

Federal Employer Identification Number (FEIN): _____

14e. Does the previous owner continue to:

a. Have Utah employees? ☐ Yes ☐ No

b. Operate a separate business in Utah? ☐ Yes ☐ No If No, date closed _____

15a. List any current owner who was also a previous owner. Also, list any current owner who is related to any previous owner. "Related" means one's self, a spouse, parent, step-parent, child, step-child, sibling or step-sibling.

Name	SSN or FEIN	Percentage of Ownership	Family Relationship

15b. Select the common management practices of your business retained from the previous owner:

_____ Management, managers, officers, board of directors

_____ Personnel and human resource policies

_____ Operating procedures

_____ Sales and pricing policies

_____ Collection procedures

_____ Financing policies

_____ Accounting practices

_____ Purchasing practices

_____ Other (explain): _____

_____ None of the above

15c. Select the common control practices your business retained from the previous owner:

_____ Control of the assets used to conduct the business enterprise

_____ Financing and /or leasing arrangements

_____ Contracts

_____ Business, professional, and regulatory licenses of the business enterprise

_____ Other (explain): _____

_____ None of the above

Any person or advisor who knowingly violates or attempts to violate Utah Code Section 35A-4-304 and Section 76-8-1301 may be subject to civil and criminal penalties (see instructions)

I certify that the information contained in this report is true and correct.

Signature _____ Title _____

Telephone Number _____ Date _____

Unemployment Insurance (UI) Instructions for Status Report, Form 1

The Utah Employment Security Act states that the Department of Workforce Services (DWS) must determine the status of each business and each person independently established in a trade, occupation, or profession. After paying wages, complete and return this form immediately to the Department of Workforce Services, UI Employer Accounts Unit, PO Box 45288, Salt Lake City, Utah, 84145-0288.

All items must be completed. If an item does not apply to your business, enter N/A (Not Applicable).

Except as indicated below, all items are self-explanatory.

- Item 1: LLC (Limited Liability Company) is considered a partnership unless corporate election is selected. LLC corporate election means the business has authorization or has requested approval from the IRS to be taxed as a corporation. In this case, LLC members would be considered corporate officers. All payments for their services are taxable and reportable for Utah unemployment insurance coverage.
- Item 2: If you have more than one trade or business name, list the name or names by which your company is best known to the public. List the telephone and FAX numbers for the employer rather than those for the accountant or employer representative.
- Item 3b: Enter your current Utah Unemployment Registration Number if previously registered.
- Item 6: Address and telephone number of the agent or office able to provide wage data, weeks of employment and other information about employees separated from your employment.
- Item 7: Provide the telephone number and physical location (street address, city, state and zip) for the principal work site in Utah. If there are multiple permanent work sites, attach a separate sheet listing the name, address and telephone number for each work site.
- Item 10: Describe in detail the specific product or service you provide. For example, do you manufacture, install, sell wholesale or retail, or offer services? Describe the product, what is sold, or the type of services offered. (Some examples are wholesale men's wear, construction single residential housing, or computer integrated systems design.)
- Item 11: Wages are currently defined by Section 3306(b) of the Internal Revenue code of 1986 and Section 35A-4-208 of the Utah Employment Security Act. Wages are all payments for services performed including commissions, bonuses, salaries or draws to corporate officers, tips and the cash value of all remuneration in any medium other than cash. Wages paid to the entity owner (e.g., sole proprietor, general partners and LLC members) are not considered as wages for unemployment insurance. See Item 1 instruction for LLC member exceptions. Wages paid for services performed by a sole proprietor's spouse, parents, or children under age 21 should not be reported for unemployment insurance.
- Item 13b. A domestic employer hires a household worker such as, but not limited to, a nanny, babysitter, yard worker, driver, health aide, private nurse, housekeeper, caretaker, and cleaning people. In addition, employees of college fraternities and sororities are included in this category.
- Item 13d. A Professional Employer Organization (PEO) must become licensed with the Utah Insurance Department before DWS can recognize its PEO status.

Item 14a: If you acquired (in whole or part) the business activity previously conducted by another entity, or if the business entity has changed (i.e., changed entity from a sole proprietorship to a corporation) even if the owners are still principally the same, complete Items 14a-15c. “Acquired” means to come in possession of, obtain control of, or obtain the right to use the assets, business, or workforce through any legal means. An acquisition can include change to the form of ownership, inheritance, repossession, foreclosure, gift, purchase or any items noted in Item 14b. Any employing units that are party to a transfer must notify the UI division within 30 days of the transfer date.

Item 15a: If you are a current owner of this business as well as a previous owner of the transferred business, enter your name, social security number and percentage of ownership in the new business. If you are a current owner and are related to any previous owner of the transferred business, enter your name, social security number, percentage of ownership in the new business and your family relationship.

Any employer, employer representative, or advisor who knowingly violates or attempts to violate Utah Code Section 35A-4-304 and Section 78-8-1301 may be subject to civil and criminal penalties which consist of contribution rate increases to their UI accounts and a fraud assessment of up to \$5,000.

To obtain additional information, please select option 2 after calling either (801) 526-9235 or toll free 1-800-222-2857 or contact the Utah Department of Workforce Services, UI Employer Accounts Unit, 140 East 300 South, PO Box 45288, Salt Lake City, Utah 84145-0288.